Introduction to Module 3

aring for your child with special needs can be physically, emotionally, and financially exhausting. Your family may incur expenses, such as, ongoing medical treatment, assistive technology, and skilled nursing, but less obvious expenses also take their toll (e.g., time off from work to attend frequent medical appointments, special diets, and more time lost due to sick days). Your family members may participate in the Department of Defense's (DoD) health care plan, known as TRICARE.

TRICARE®

TRICARE is the worldwide health care program available to eligible beneficiaries of the seven uniformed services and certain National Guard and Reserve members ("beneficiary" refers to individuals who are entitled to benefits based on law). TRICARE is a major component of America's Military Health System (MHS). The MHS brings together the health care resources of the uniformed services and supplements them with civilian health care professionals, institutions, pharmacies, and suppliers. For additional information on MHS, visit www.health.mil.

When seeking services under TRICARE, families must use TRICAREauthorized, civilian health care providers that include

- network providers who have contractual agreements with TRICARE's regional contractors (required use for Prime enrollees);
- participating providers who are not part of the TRICARE network but who agree to accept the TRICARE allowable charge as payment in full; and
- nonparticipating providers who do not accept the TRICARE allowable charge as payment in full.



Note: Beneficiaries are responsible for paying all charges up to fifteen percent more than the TRICARE allowable charge; they may also have to file their own claims.

TRICARE is organized into four geographic regions: North, South, West, and Overseas. Visit the TRICARE website, www.tricare.mil,

to find links to the TRICARE regional websites and more information about TRICARE programs and benefits.

Go to the TRICARE website, at www.tricare.mil, and choose the "Use the Plan Finder" to get more information

about your

options.

family's TRICARE

TRICARE® Options for Active Duty Family Members

To meet the needs of active duty families, TRICARE offers several health care options. TRICARE beneficiaries also include families of activated members of the National Guard or Reserve on federally funded orders for more than thirty consecutive days. The sponsor's Service is responsible for determining TRICARE eligibility, not TRICARE.

TRICARE® Prime

TRICARE Prime is TRICARE's managed care option, similar to a civilian health maintenance organization. Active duty family members may choose to enroll in Prime; service members are required to enroll in TRICARE Prime or Prime Remote (see below).

Prime enrollees receive their health care from a local military treatment facility (MTF) or civilian network provider. Enrollees must follow some well-defined rules and procedures, such as seeking routine care and getting referrals for specialty care from their Primary Care Manager (PCM), and obtaining an authorization from the regional contractor before seeking specialty care from a civilian provider. Failure to follow these steps may result in more costly point of service (POS) charges.

Prime coverage is available overseas through the TRICARE Overseas Program (TOP) Prime option. *Note: Family members must be command-sponsored to enroll in TOP Prime. The overseas regional contractor must authorize all civilian specialty care.*

In all military treatment facilities (MTFs), active duty service members have first priority for care, followed by active duty family members enrolled in Prime.

TRICARE® Prime Remote

Family members who live with their active duty sponsor and are either at least fifty miles or a one hour drive from the closest MTF, may enroll in TRICARE Prime Remote. Enrollment is required and enrollees must select a local civilian network primary care manager if there is one available in the local area. If one is not available, family



Certain service members and their families may qualify for the Transitional Assistance Management Program, which provides 180 days of transitional health care benefits beginning on the day after loss of eligibility for military health care. Visit http://tricare.mil/tamp to find out who is eligible and for more information on transitional health care benefits.

members may use any TRICARE-authorized provider for their primary care needs. Contact your TRICARE regional contractor for help locating a provider.

Prime Remote coverage is available overseas through the TOP Prime Remote option. Family members must be command-sponsored to enroll. The overseas regional contractor has to authorize all civilian specialty care.

TRICARE® Standard

TRICARE Standard is a fee-for-service option allowing eligible family members to see any TRICARE-authorized provider (e.g., doctor, nurse practitioner, lab, or clinic) without a referral. Please note that there are some services that require prior authorization; check your regional contractor's website or contact them for information about this requirement as it varies from region to region. Eligible family members, whose records are up to date in the Defense Enrollment Eligibility Reporting System (DEERS), are covered under TRICARE Standard until they enroll in TRICARE Prime or Prime Remote. Standard offers greater flexibility and choice of providers. Beneficiaries must pay an annual deductible and ongoing cost shares for TRICARE-covered services. Standard beneficiaries may have to file their own claims.

Standard is not available for active duty service members but in some instances may be the only option for family members (e.g., when the family member does not live with the sponsor as required for Prime Remote, or when the family member is overseas but not command-sponsored).

TRICARE® Extra

TRICARE Extra is a preferredprovider option allowing Standard beneficiaries to seek care from network providers with lower out-of-pocket costs (the beneficiary cost share is 5% less than under Standard).

With TRICARE Extra, there are no claims to file but choice of providers is limited to those in the network. TRICARE Extra is not available to active duty members and is not available overseas.

For a comparison of TRICARE's benefit options, visit www. tricare.mil/mybenefit/home/overview/WhatIsTRICARE/TRICAREBenefitAtAGlance.



TRICARE Online is the
Department of Defense's portal
for beneficiaries receiving
care within military treatment
facilities. The portal provides
secure, interactive access to
a host of unique and exciting
services, tools, and resources.
You can make appointments
for primary care, access a
medical library, and find links to
information about health and
wellness, facilities, and providers.
Visit www.tricareonline.com.

Enrollment forms for TRICARE
Prime and
TRICARE Prime
Remote must be received by the regional/overseas contractor by the twentieth of the month for coverage to start the first day of the next month. This rule applies to family members.

TRICARE provides eight outpatient mental health visits each fiscal year without a Primary Care Manager referral. Family members may self-refer.

Pharmacy Benefit

The TRICARE Pharmacy Program offers multiple options for filling prescriptions. The least costly option is to get your prescriptions filled at a MTF. You also have three other options: (1) Pharmacy Home Delivery, (2) TRICARE retail network pharmacies, and (3) non-network pharmacies.

For more information on how to save costs and make the most of this benefit, visit www.tricare.mil/mybenefit/home/Prescriptions/PharmacyProgram.

TRICARE® Benefits for Families with Special Needs

To help eligible uniformed services families facing the extra challenges that come with caring for a family member with special needs, TRICARE offers additional benefits.

Case Management

Case management is a system for organizing and integrating the many services that are often required to manage complex physical or emotional illnesses. It is designed to improve the quality of care, control costs, and support patients throughout catastrophic medical situations by providing a bridge between acute care and long-term care services. TRICARE offers case management to beneficiaries who have significant chronic or high-risk health issues. Beneficiaries with catastrophic or terminal illnesses may also qualify for case management. Family members may be referred for case management services by their providers. Parents may also ask for case management services for their special needs child through their Regional Contractor.

Mental Health Care

Unless the beneficiary has a serious mental illness that qualifies for care under the Extended Care Health Option (ECHO) (discussed on 3:5), mental health care benefits can be confusing. Your regional contractor can assist you.

To find out more about what conditions and treatments are covered by TRICARE, please visit the following websites:

Conditions: www.tricare.mil/mybenefit/home/MentalHealthAndBehavior/Conditions?

Treatments: www.tricare.mil/ mybenefit/home/MentalHealthAnd Behavior/TypesOfTreatments Call your regional contractor if you need help finding a mental health provider for your child.

Hospice Care

Hospice care is designed to comfort terminally ill individuals and their families once it is determined that the individual is not expected to live more than six months. The hospice care goal is to provide dignity and comfort to the terminally ill. The vast majority of hospice care is provided at home or in nursing homes. TRICARE covers most hospice care costs, and TRICARE does not have limits on custodial care or personal comfort items under hospice rules. Beneficiaries must choose to be covered under the hospice benefit versus basic TRICARE benefits.

Extended Care Health Option (ECHO)

TRICARE's ECHO supplements basic TRICARE coverage. The ECHO provides financial assistance for certain services and supplies to qualified active duty family members (including eligible family members of activated National Guard or Reserve). For a detailed ECHO pamphlet that includes how to enroll, visit www.tricare.mil/mybenefit/home/overview/SpecialPrograms/ECHO.

Who is Eligible for ECHO?

The ECHO is available to the following beneficiaries with a qualifying condition:

- active duty family members, including family members of activated members of the National Guard or Reserve on federally funded orders for more than thirty consecutive days
- family members eligible for continued TRICARE coverage through the Transitional Assistance Management Program (TAMP)
- children or spouses of former service members who were victims of physical or emotional abuse
- family members of deceased active duty sponsors during transitional survivor status

Note: You must enroll in the Exceptional Family Member Program (EFMP) to be eligible for ECHO benefits.

Qualifying Conditions

The following conditions qualify family members for TRICARE's ECHO:

- moderate or severe intellectual disability
- serious physical disability

"Talking to other moms with children with special needs is really important to me and it helps me be a better mom. When I talk to moms with similar challenges we blow off steam, share ideas, and know that we aren't alone."

Marcie, mom to twin girls with Down syndrome, Fort Lewis, WA



For more information about ECHO benefits, visit the TRICARE website, www.tricare.mil, or call your TRICARE regional contractor.

- extraordinary physical or psychological condition causing the beneficiary to be homebound
- diagnosis of neuromuscular developmental condition or other condition in an infant or toddler expected to lead to a diagnosis of moderate or severe intellectual disability or serious physical disability
- multiple disabilities may qualify if there are two or more disabilities affecting different body systems

If the family or family member's provider believes a qualifying condition exists, he or she should call the regional contractor to find out how to determine if the family member qualifies for coverage. If overseas, the family should contact the nearest MTF or TRICARE Area Office (TAO). Go to www.tricare.mil/contactus for contact information.

Children may remain eligible for ECHO benefits beyond the usual TRICARE eligibility age limit as long as the sponsor remains on active duty, the child is incapable of self-support because of mental or physical incapacity that occurs before reaching the age limit of twenty-one, or twenty-three if a full-time student, and the sponsor is responsible for more than one-half of the child's support.

Ongoing TRICARE eligibility is determined by the sponsor's Service. The regional contractor determines ECHO eligibility. Prior authorization must be obtained from the regional contractor or overseas TAO before the child receives ECHO services.

If the sponsor is reassigned, the family member must get new ECHO benefit authorizations before receiving services at the new location. Families should contact their regional contractor, local MTF, overseas TAO, or ECHO case manager before they move to ensure a smooth transition.

ECHO Benefits

The ECHO provides benefits not available through the basic TRICARE program, including the following:

- medical and rehabilitative services
- training to use assistive technology devices
- special education (which can include Applied Behavior Analysis (ABA))
- institutional care when a residential environment is required
- transportation under certain limited circumstances (includes the cost of a medical attendant when needed to safely transport the beneficiary)

- assistive services (e.g., those from a qualified interpreter or translator)
- durable equipment, including adaptation and maintenance
- in-home respite care services (up to sixteen hours in the month if another ECHO benefit is received)

ECHO Costs

Active duty sponsors pay a cost share that is based on their grade and is separate from other TRICARE program cost shares. The sponsor pays one cost share per month an ECHO benefit is received by the family member(s), regardless of the number of family members receiving an ECHO benefit that month. For more information, visit www. tricare.mil/mybenefit/home/overview/SpecialPrograms/ECHO/Costs.

ECHO Home Health Care (EHHC)

EHHC provides medically necessary skilled services to registered ECHO beneficiaries who are homebound and generally require more than twenty-eight to thirty-five hours per week of home health services or respite care. In general, family members are considered homebound if they cannot leave home regularly for therapeutic, psychosocial, or medical treatment, or to attend an accredited, certified adult daycare program. The family member's PCM or attending physician determines eligibility for this home health care and will develop a care plan reflecting the home health care services the family member needs. This plan is reviewed by the physician, case manager, regional contractor and/or TAO staff every ninety days or when there is a change in the family member's condition. The EHHC benefit is only available in the United States, Puerto Rico, the United States Virgin Islands, and Guam. Please contact your ECHO case manager for more information.

EHHC Benefits

The following services may be covered when provided by a TRICARE-authorized home health agency in the beneficiary's home:

- skilled nursing care by a registered nurse, or by a licensed or vocational nurse under direct supervision of a registered nurse
- services provided by a home health aide under direct supervision of a registered nurse
- physical therapy, occupational therapy, and speech-language pathology services
- medical social services under the direction of a physician
- teaching and training activities
- medical supplies

The sixteen-hour respite benefit available under ECHO cannot be used at the same time as the forty hours a week available under EHHC.

EHHC Respite Care

EHHC respite care is designed to provide temporary relief or rest for the primary caregiver of a homebound beneficiary who requires frequent care. Beneficiaries eligible for EHHC respite care may receive eight hours of respite care, five days per calendar week. This benefit is different from the sixteen hours of respite care available through the ECHO. The EHHC respite care and the ECHO



The purpose of respite care is to benefit the whole family by providing a rest for the primary caregiver, while making sure your child is cared for by a trained caregiver.

respite care cannot be used during the same month. Respite care cannot be used for babysitting/child care services, sibling care, or when the primary caregiver is deployed, seeking employment, or pursuing education. Unused respite care hours are not cumulative.

TRICARE® Help and Information

You can find program information regarding TRICARE eligibility, Prime/Prime Remote enrollment, benefit and cost information, claims filing, and more by visiting the TRICARE website at www.tricare.mil.

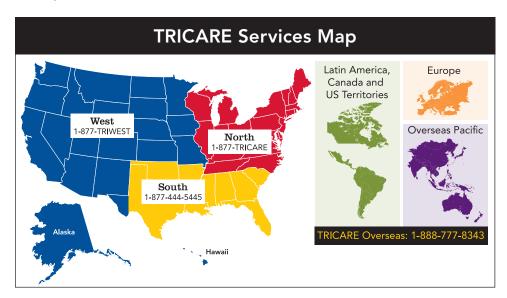


Figure 3-2: TRICARE Services Map

Questions related to plan options, enrollment, referrals and authorizations, claims, collection, and TRICARE benefit, can be answered by the regional contractor office. Contractor contact information and links to their web pages can be found at www.tricare.mil/contactus. Call the regional contractor when you have a question. They have the most current information regarding benefits specific to your region. When contacting TRICARE, have information on hand,

such as referrals, authorizations, medical/dental bills, denial letters, and debt collection notices, to assist staff in determining how best to proceed.

Go to www.tricare.mil/contactus to find contact information for the following:

TRICARE® Service Centers

TRICARE Service Centers (TSC) are located in or around most MTFs and are staffed with customer service representatives to provide help on a walk-in basis.

Beneficiary Counseling and Assistance Coordinators/Health Benefits Advisors

Regional offices and most MTFs are staffed with beneficiary counselors/benefit advisors (BCAC) whose job it is to provide information on accessing care within the MTF, as well as providing or referring you to the right office for more information on benefit options, enrollment questions, claims, referrals, authorizations, and appointments. The BCAC can facilitate communication between families, the MTF, and the TRICARE contractor.

Debt Collection Assistance

Regional contractor staff and Debt Collection and Assistance Officers (DCAO) at MTFs help beneficiaries with TRICARE debt collection issues. If a family receives a notice from a collection agency about a medical bill or is disputing a medical bill, contact the regional contractor or closest DCAO. When seeking assistance, bring any documentation related to the claim and the collection action or billing dispute.

Staff can help you understand the claim's issue and the debt collection process but cannot provide legal advice or fix a credit rating. For assistance with a collection action, contact your regional contractor or find the nearest DCAO online at www.tricare.mil/bcacdcao.

Individuals with Disabilities Education Act and TRICARE®

The Individuals with Disabilities Education Act (IDEA) ensures that all children with disabilities are provided with a free and appropriate public education (FAPE). This includes services necessary to meet the educational goals described in their Individualized Education Program (IEP). Infants and toddlers who are or may become delayed due to impairment may receive Early Intervention Services (EIS). These children often receive medical, diagnostic, or therapeutic services provided by health care professionals. These services must be identified in an Individualized Family Service Plan (ISFP) or an IEP. The IDEA allows these services to be provided at little or no cost to families.

The TRICARE catastrophic cap limits the amount of out-of-pocket expenses a family pays for TRICARE-covered services, to include annual deductibles, Prime enrollment fees, pharmacy copays, and other TRICARE-allowable cost shares.

If you lose your TRICARE coverage because of military separation, divorce, or because a dependent child reaches the age of twenty-one or twenty-three, you will be issued a Certificate of Creditable Coverage. This is proof for your next health care plan that you had previous health care and it limits the amount of time your new health care plan can exclude your participation because of pre-existing conditions.

Legislation stipulates that TRICARE will pay its share of EIS that are medically or psychologically necessary and would otherwise be considered a TRICARE benefit. Cost sharing decisions are made on a case-by-case basis. Services identified in an IEP for special education students between the ages of three and twenty-one are paid for by state educational agencies, and TRICARE is involved only when it can be shown that the necessary services are not available or adequate to meet the child's needs.

For More Information

Read or download the other modules of this Parent Tool Kit at www.military homefront.dod.mil/tf/efmp/toolbox:

- Module 1, *Birth to Age Three*
- Module 2, *Special Education*
- Module 4, Families in Transition
- Module 5, *Advocating for Your Child*
- Module 6, Resources and Support

Extended Care Health Option and Home Health Care

For further information regarding ECHO and EHHC, visit www.tricare.mil/echo or call your TRICARE regional office (see page 3:8 for phone numbers).

TRICARE® Benefits

For more details about TRICARE health benefits, go to www.tricare.mil.

USA.GOV

Federal, state, and local governments offer programs such as Medicare, Medicaid, Supplemental Nutrition Assistance Program, and Women Infants and Children designed to aid children with special needs. More information about these benefits is provided in Module 6, Federal and State Programs, and at www.USA.gov, an official government website search engine that links to government agencies, programs, and services.

MilitaryHOMEFRONT

For information on a variety of topics, visit the special needs section of MilitaryHOMEFRONT at www.militaryhomefront.dod.mil/tf/efmp.

Plan My Move

Military life involves moving — there is no way around it. That is why MilitaryHOMEFRONT has introduced Plan My Move, a powerful set of tools to help you and your family make your next move a smooth one. Through Plan My Move, you can access a customizable calendar, to-do lists, checklists, community information, installation overviews, and information specific to moving with a special needs family member. Visit the Plan My Move website at http://planmymove.mhf.dod.mil.

MilitaryINSTALLATIONS

To locate your nearest installation EFMP, as well as other installation resources, visit the MilitaryINSTALLATIONS website at www.militaryinstallations.dod.mil.

HOMEFRONTConnections

HOMEFRONTConnections, a DoD social networking site, provides a secure place where military family members with special needs can meet and interact online to share experiences, post pictures and videos, write blogs, and create discussion boards. Join an existing group or create your own. Visit HOMEFRONTConnections at https://apps.mhf.dod.mil/homefrontconnections.



Notes
